

ANNEX “B”

**LIST OF SUB-CODES WITH CORRESPONDING PRODUCTS AND/OR SERVICES
UNDER EACH SUB-CODE**

NAME OF ENTITY: _____

APDS CODE : _____

APDS SUB-CODE	PRODUCTS AND/OR SERVICES	DATE APPROVED BY IC/CDA/SEC
_____ - A		
_____ - B		
_____ - C		

CERTIFIED CORRECT:

Authorized Representative

ANNEX "C-1"

PROCEDURES FOR THE MANUAL PROCESSING OF DEPED EMPLOYEES' APPLICATIONS FOR INSURANCE PREMIA AND/OR MEMBERSHIP DUES/CONTRIBUTIONS WITH THE ACCREDITED ENTITIES UNDER THE DEPARTMENT'S PROGRAM ON AUTOMATIC PAYROLL DEDUCTION SYSTEM (APDS)

1. The **DepEd Employee** (hereinafter referred to as the "**Employee**") accomplishes application for insurance policy/membership/ other allowed obligation (hereinafter referred to as "**Application**") provided by the APDS accredited entity (hereinafter referred to as the "**Accredited Entity**";
2. The **Employee** submits the Application together with his/her latest available pay slip to the **Accredited Entity** as part of his/her Application;
3. The **Accredited Entity** shall evaluate the Employee's Application using its own criteria, including the Employee's capacity to pay based on the presented pay slip. The presence of "Undeducted Obligations" in the Employee's pay slip indicates his/her lack of capacity to pay through the APDS, hence, the Application of such employee shall not be approved by the Accredited Entity under the APDS.
4. If the Application passes the **Accredited Entity's** evaluation, the **Accredited Entity** shall stamp the following on the face of the pay slip without obscuring the pertinent details therein:
 - a. Corporate name of the Accredited Entity and APDS Code/Sub-Code for insurance premia and/or membership dues/contributions;
 - b. Amount of monthly salary deduction;
 - c. Date of evaluation; and
 - d. Name of Accredited Entity's Officer, who shall sign on the stamp to signify evaluation.
5. The **Accredited Entity** shall e-mail a scan of the stamped pay slip to the Employee using the e-mail subject, "Request for Confirmation of Evaluated APDS Application- <Accredited Entity's APDS Code> - <Employee's complete name>"¹ and return the stamped pay slip to the Employee.
6. The **Employee** shall *forward* the e-mail received from the Accredited Entity to the official/designated DepEd e-mail address of the concerned DepEd Verifier (hereinafter referred to as "Verifier") using the Employee's official DepEd e-mail.
7. The **Verifier** shall record the details of the Employee and of the Application evaluated by the Accredited Entity that are pertinent to the assessment of the Employee's capacity to pay.
8. The **Verifier** shall determine if the stamped monthly deduction can be accommodated in the APDS, cognizant of the Employee's eligibility to avail of insurance policy/membership/other allowed obligation under the APDS, the NTHP rule, and the Employee's capacity to pay based on the presented pay slip and the Verifier's records. The Verifier, based on his/her records, shall also check if the Employee has approved obligations that are not yet reflected in the latter's stamped pay slip.

First-in first-served rule shall be strictly observed in the verification of Applications.

¹The DepEd Office concerned may prescribe its own e-mail subject through official communications with the Accredited Entities, copy furnished the Office of the Undersecretary for Finance.

9. The **Verifier**, using the official/designated DepEd e-mail, shall e-mail the Accredited Entity, copy furnished ("cc") the Employee, either of the following messages depending on the Verifier's assessment:

a. If the monthly deduction can be accommodated in the APDS:

Please be informed that as validated in our records, the application of DepEd employee you evaluated can be accommodated in the APDS, as follows:

Employee's Name	
Employee No.	
Station Code	
Amount of Monthly Membership Dues/Contribution	

Any misrepresentation in the Employee's Application verified by the Accredited Entity shall not be the liability of the Verifier.

<Name of Verifier>
<Office>

b. If the monthly deduction cannot be accommodated in the APDS:

Please be informed that as validated in our records, the application of DepEd employee you evaluated cannot be accommodated in the APDS for reasons stated below.

Employee's Name	
Employee No.	
Station Code	
Amount of Monthly Membership Dues/Contribution	
Reason/s	<i>e.g. Insufficient NTHP; With approved obligations that are not yet reflected in the stamped pay slip</i>

<Name of Verifier>
<Office>

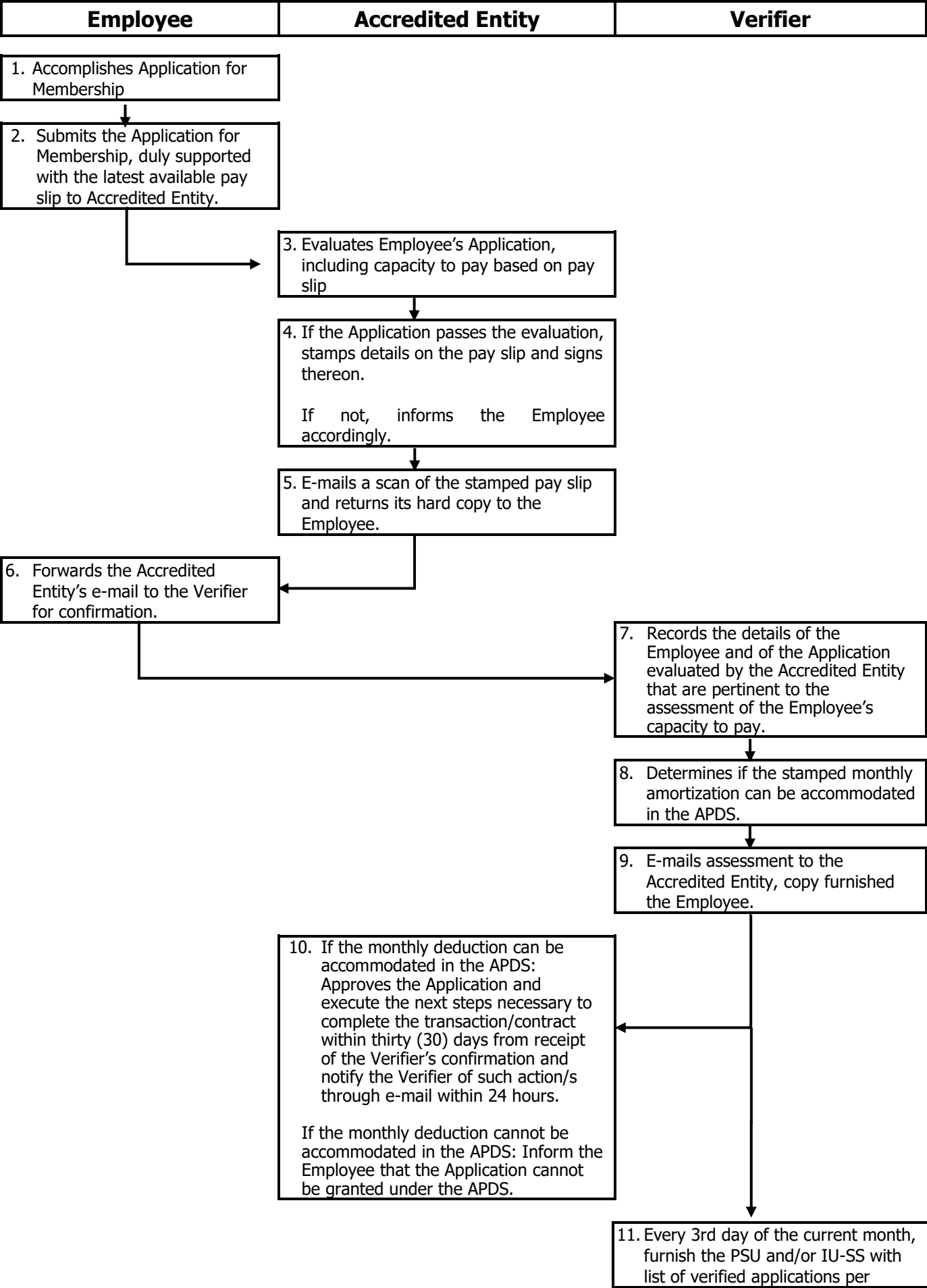
10. Depending on the Verifier's assessment, the **Accredited Entity** shall do either of the following upon receipt of the former's e-mail:

- a. If the monthly deduction can be accommodated in the APDS: Approve the Application and execute the next steps necessary to complete the transaction/contract within thirty (30) days from receipt of the Verifier's confirmation and notify the Verifier of such action/s through e-mail within 24 hours.
- b. If the monthly deduction cannot be accommodated in the APDS: Inform the Employee that the Application cannot be granted under the APDS.

11. Every 3rd day of the current month, furnish the Payroll Services Unit (PSU) and/or Implementing Unit-Secondary Schools (IU-SS) with list of verified insurance premia/membership dues/contributions per Accredited Entity that can be accommodated in the payroll.

-- End --

PROCESS FLOW FOR THE PROCEDURES ON MANUAL PROCESSING OF DEPED EMPLOYEES’ APPLICATIONS FOR INSURANCE PREMIA AND/OR MEMBERSHIP DUES/CONTRIBUTIONS WITH THE ACCREDITED ENTITIES UNDER THE DEPARTMENT’S PROGRAM ON APDS



ANNEX "C-2"

PROCEDURES FOR THE ONLINE PROCESS OF DEPED EMPLOYEES' APPLICATIONS FOR INSURANCE PREMIA AND/OR MEMBERSHIP DUES/CONTRIBUTIONS WITH THE ACCREDITED ENTITIES UNDER THE DEPARTMENT'S PROGRAM ON AUTOMATIC PAYROLL DEDUCTION SYSTEM (APDS)

1. The **DepEd Employee** (hereinafter referred to as the "**Employee**"), using the deped.gov.ph email address shall:
 - a. Secure an ONLINE Application Form from the APDS accredited entity (hereinafter referred to as the "Accredited Entity");
 - b. Accomplish the Application Form and submit the same to the Accredited Entity together with the latest available pay slip;
 - c. Wait for the response of the Accredited Entity through email, if he/she is eligible or not. In case eligible, forward the Accredited Entity's response to the official e-mail address of designated DepEd Verifier (hereinafter referred to as "Verifier").
2. The **Accredited Entity** shall:
 - a. Perform background checks on the legitimacy of the membership being applied for by the Employee to prevent occurrence of application for membership by fictitious Employees;
 - b. Evaluate the Employee's application for membership using the Accredited Entity's own criteria, including the Employee's capacity to pay based on the presented pay slip. The presence of "Undeducted Obligations" in the Employee's pay slip indicates his/her lack of capacity to pay the insurance premia and/or membership dues/contributions through the APDS, hence, such employee is ineligible to become the Accredited Entity's member under the APDS.
 - c. If the membership application passes the Accredited Entity's evaluation, stamp the following on the face of the pay slip without obscuring the pertinent details therein:
 - i. Corporate name of the Accredited Entity and APDS Code Code/Sub-Code for insurance premia and/or membership dues/contributions;
 - ii. Amount of monthly salary deduction;
 - iii. Date of application for membership; and
 - iv. Name of Accredited Entity's Officer who shall sign on the stamp to signify evaluation.
 - d. E-mail a scan of the stamped pay slip to the Employee using the e-mail subject, "Request for Confirmation of Evaluated APDS Application- <Accredited Entity's APDS Code> - <Employee's complete name>."
 - e. Depending on the Verifier's assessment, do either of the following upon receipt of the former's e-mail:
 - i. If the monthly deduction can be accommodated in the APDS: 1) Approve the Application and execute the next steps necessary to complete the transaction/contract within thirty (30) days from receipt of the Verifier's confirmation and notify the Verifier of such action/s through e-mail within 24 hours.
 - ii. If the monthly deduction cannot be accommodated in the APDS: Inform the Employee that the application cannot be granted under the APDS.

3. The **Verifier** shall:

12. Record the details of the Employee and of the application evaluated by the Accredited Entity that are pertinent to the assessment of the Employee's capacity to pay;
13. Determine if the stamped monthly amortization can be accommodated in the APDS, cognizant of the Employee's eligibility to avail of insurance policy/membership/other allowed obligation under the APDS, the NTHP rule, and the Employee's capacity to pay based on the presented pay slip and the Verifier's records. The Verifier, based on his/her records, shall also check if the Employee has approved obligations that are not yet reflected in the latter's stamped pay slip.

First-in first-served rule shall be strictly observed in the verification of applications.

14. E-mail the Accredited Entity using the official/designated DepEd e-mail,, copy furnished ("cc") the Employee, either of the following messages depending on the Verifier's assessment:

- i. If the monthly deduction can be accommodated in the APDS:

Please be informed that as validated in our records, the application of DepEd Employee you evaluated can be accommodated in the APDS, as follows:

Employee's Name	
Employee No.	
Station Code	
Amount of Monthly Membership Dues/Contribution	

Any misrepresentation in the Employee's application verified by the Accredited Entity shall not be the liability of the Verifier.

<Name of Verifier>
<Office>

- ii. If the monthly deduction cannot be accommodated in the APDS:

Please be informed that as validated in our records, the application of DepEd Employee you evaluated cannot be accommodated in the APDS for reasons stated below:

Employee's Name	
Employee No.	
Station Code	
Amount of Monthly Membership Dues/Contribution	
Reason/s	<i>e.g. Insufficient NTHP; With approved obligations that are not yet reflected in the stamped pay slip</i>

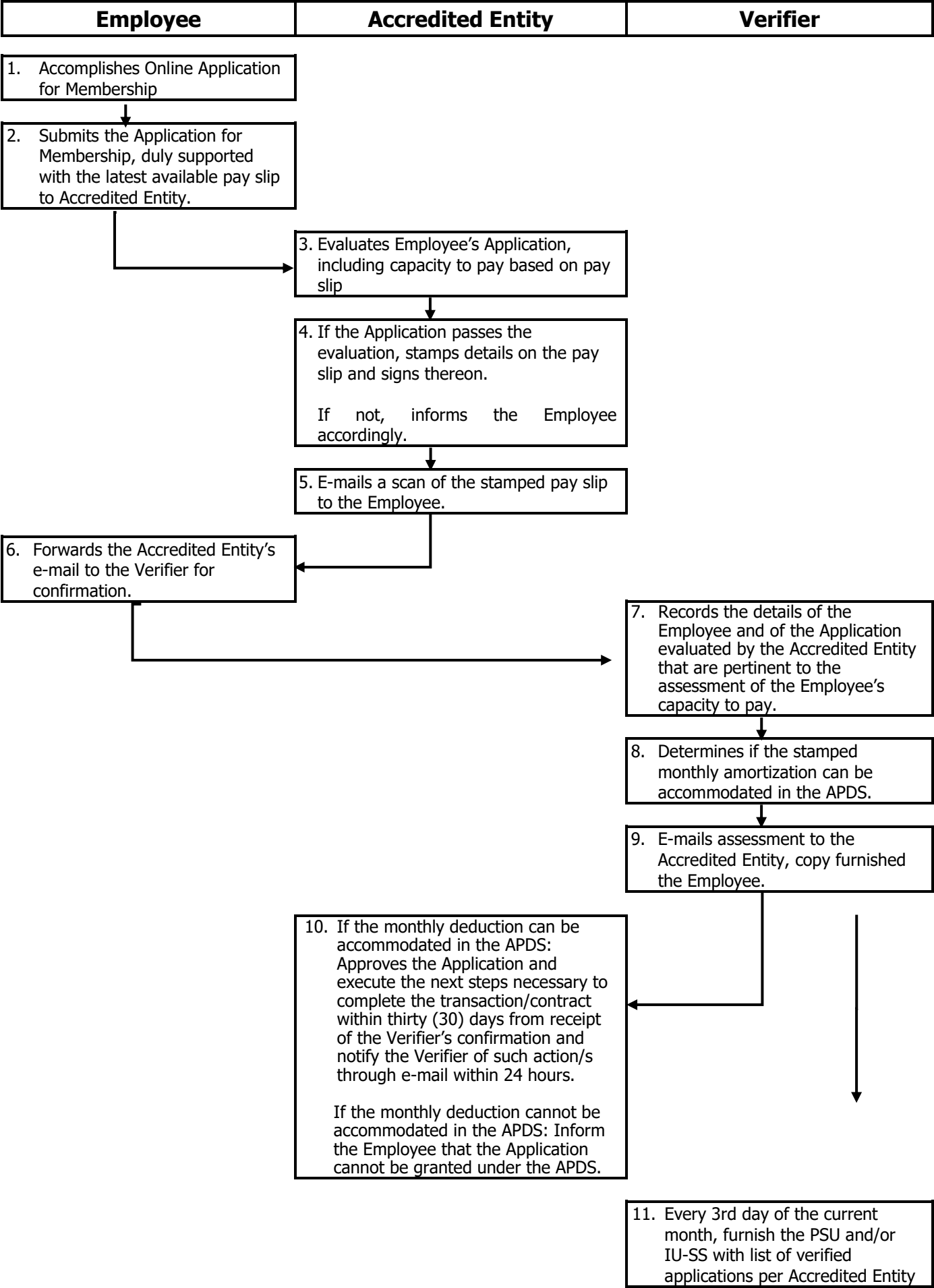
<Name of Verifier>
<Office>

15. Every 3rd day of the current month, furnish the Payroll Services Unit (PSU) and/or Implementing Unit-Secondary Schools (IU-SS) with list of verified insurance

premia/membership contributions per Accredited Entity that can be accommodated in the payroll every 3rd day of the current month

- End --

PROCESS FLOW FOR THE ONLINE PROCEDURES ON DEPED EMPLOYEES' APPLICATIONS FOR INSURANCE PREMIA AND/OR MEMBERSHIP DUES/CONTRIBUTIONS WITH THE ACCREDITED ENTITIES UNDER THE DEPARTMENT'S PROGRAM ON AUTOMATIC PAYROLL DEDUCTION SYSTEM (APDS)



ANNEX “D”

APDS Template/Standard Format of Authority to Deduct

AUTHORITY TO DEDUCT
THROUGH THE DEPED AUTOMATIC PAYROLL DEDUCTION SYSTEM (APDS)

I hereby authorize DepEd to deduct monthly from my salary, through the DepEd APDS, the sum of **PESOS:**_____ (P_____) beginning on _____ and ending on _____, as premium/contribution/due, and to remit the same to NAME OF ACCREDITED ENTITY in consideration of the insurance policy/membership/other allowed obligation, more specifically described as _____. **In case my premium contribution is not deducted from the payroll, regardless of the reason, I also authorize DepEd to automatically adjust the termination period in my pay slip by one (1) month for every month of delay of its deduction. I fully understand that no lapses of payment shall be made by the Accredited Entity for this purpose, thus, the corresponding benefit as contracted shall be available in case of need.**

The authorization is **VALID AND BINDING** within the aforementioned period, unless the authorization is otherwise revoked. Moreover, I agree that deductions that will reduce my monthly net take-home pay to lower than what is allowed under the law shall not be accommodated in the APDS. ~~Such non-accommodation shall not extend the ending period of this authorization.~~

Signature over Printed Name of DepEd Employee
Employee Number:
Station Code:
Division Code:
Region:

Date: _____

ANNEX “E”

Sworn Statement regarding the documents submitted and full explanation of the terms and conditions to the Employees.

[Date]

DR. _____
Regional Director
DepEd –Region _____

SWORN CERTIFICATION

Sir/Madam:

As a/an <type of private entity> accredited under the Automatic Payroll Deduction System (APDS) Program of the Department of Education, may we request for automatic payroll deduction of the obligations obtained by the following DepEd personnel for the month of _____, 2021.

Name of Employee	Work Station	Date of Application
_____	_____	_____
_____	_____	_____

In this regard, the Company hereby certifies the following:

1. Name of Entity and the DepEd personnel have executed Authorities to Deduct and Policy Contracts and/or Certificates of Membership, and copies of the said documents were furnished to the concerned DepEd personnel;
2. The insurance premia and/or membership dues/contributions of new DepEd members were duly verified by the designated DepEd Verifier; and
3. The terms and conditions were properly discussed with the DepEd personnel and they have understood the same.

The company agrees that any falsity of the certification herein is a ground for the revocation of the company’s accreditation in the DepEd APDS.

Very truly yours,

NAME _____
[Position/Official Designation]

SUBSCRIBED AND SWORN to this ____ day of _____ by the affiant who is personally known to me/identified by me as such persons after presenting his or her <government issued ID>.

Doc No.
Page No.
Book No.
Series of 2021

ANNEX "F"

Procedures for the Online Process on the Submission of Monthly Billing Statements by the Accredited Entity Under the Department's Program on APDS

A. The **Accredited Entity** shall:

1. Consolidate all Applications for Membership of DepEd Employees within a month, and prepare monthly billing statement in accordance with the prescribed template provided by the Payroll Services Units (PSU) and/or Implementing Unit-Secondary Schools (IU-SS). The billing statement must be duly supported with pertinent documents of DepEd Employees, as shown below.
 - a. As provided by DepEd Employees:
 - i. Accomplished Application for Membership Form
 - ii. Authorization to Deduct (ATD);
 - iii. Government Issued ID; and
 - iv. Latest available pay slip.
 - b. Subscribed Sworn Certification stating that:
 - i. Name of Entity and the DepEd personnel have executed Authorities to Deduct and Policy Contracts and/or Certificates of Membership, and copies of the said documents were furnished to the concerned DepEd personnel;
 - ii. The insurance premia and/or membership dues/contributions of new DepEd members were duly verified by the designated DepEd Verifier; and
 - iii. The terms and conditions were properly discussed with the DepEd personnel and they have understood the same.
2. Every **5th day of the month**, submit through email the monthly billing statement/s for all applications for membership of DepEd Employees granted within the previous month, together with the scanned copies of the pertinent documents listed in Items 1.b (i to iii) above, to the official email addresses of PSUs and/or IU-SSs (____@deped.gov.ph). Under no circumstance shall the Accredited Entity bill a DepEd Employee for applications not verified by the DepEd Verifier.
3. Check and retrieve any returned billings through email from PSUs and/or IU-SSs, and re-submit the same as rectified, on or before the **10th day of the current month**. **Any billing for new Applications for Membership approved by the Accredited Entity, but has not been approved by the Verifier shall not be accommodated, and shall be returned to the Accredited Entity.**
4. Provide copies of the billing statement to the concerned Schools Division Offices, Attention: DepEd Verifiers, within ten (10) days after the submission of its final billing statement to the PSUs and/or IU-SSs.
5. Submit hard copies of signed billing statement (original copy) and the supporting documents to the PSU and/or IU-SS.

ANNEX “G”

Provinces/Regions where the Accredited Entity has office/s as validated by DepEd

NAME OF ENTITY:
APDS CODE:

REGION	PROVINCIAL LOCATION	CITY/ MUNICIPALITY	COMPLETE ADDRESS	NAME OF AUTHORIZED PERSONNEL	CONTACT NUMBER	EMAIL ADDRESS

I hereby certify that the said offices/branches can sufficiently render services such as, but not limited to: maintaining complete records, accepting payments, issuance of statements of accounts, official receipts, certificates of full payment, and contracts and membership documents, all within specified timeframes, and attending to other transactions, queries, and complaints of DepEd personnel

(Signature)
Name of Authorized Representative
Designation

ANNEX "H" – GROUNDS FOR SUSPENSION OR REVOCATION OF ACCREDITATION

GROUNDS FOR SUSPENSION OR REVOCATION OF ACCREDITATION

(For Lending, Insurance Premia, or Membership Dues/Contributions, as Applicable)

Simple Grounds

Suspension, which involves the withholding of remittance for not less than one (1) month but not more than six (6) months, and the corresponding non-acceptance of new business or deduction billing for not less than one (1) month, shall be imposed upon repeated commission of grounds classified as "Simple".

"Simple grounds" are acts or omissions of an accredited entity in violation of the guidelines on accreditation/re-accreditation or TCAA that can cause minor damage to DepEd employees who are borrowers, policy holders or members of accredited entities.

Simple grounds include, but are not limited to, the following:

- a. Billing more than one (1) loan per DepEd borrower.
- b. Not furnishing the DepEd employee, or charging the borrower/DepEd fees for, copies of the ATD, PN, DS, and/or amortization schedule in accordance with Annexes D-1 to D-3, or copies of the Certificate of Membership, Policy Contract, and/or other documents evidencing membership for insurance/mutual benefits/association duly acknowledged by Employees.
- c. Billing the co-maker, through APDS, for the loan balance of the principal borrower.
- d. Computation of interest and non-interest charges on Loan not in accordance with the guidelines, but with the Effective Interest Rate is still within the specified ceiling.
- e. Not reflecting the conditions on penalties and/or past due interest on loans, if any, in the DS signed by DepEd borrowers.
- f. Refusal to accept tender payment of loan in advance, whether partially or in full, during or after the term of the loan, from DepEd borrower/s or from other lending institutions, in case of loan take-out/buy-out by the latter.
- g. Non- or delayed issuance of the Official Receipt in case of partial or full payment.
- h. Failure or delay in the issuance of a dated Certificate of Full Payment of Loan to the DepEd borrower and/or failure to send a written request to the concerned payroll servicing unit concerned for the immediate stoppage of deduction, in case of advance payment of loan in full.
- i. Unrefunded over-deductions for the first time/payroll month.
- j. Failure to provide duly certified Statement of Account/**Status of Premium Payments** for every loan/**transaction** granted to a DepEd borrower/member, free of charge, annually and anytime upon request, within the day that the request was made by DepEd or the DepEd borrower/member, duly supported by an up-to-date payment history.
- k. Extending the termination date of loan amortization beyond what is stipulated in the Authority to Deduct signed by DepEd borrowers, or beyond the period allowed by the guidelines.
- l. Charging fee for and/or delay or non-issuance of a Certificate of Full Payment of Loan (CFPL).

- m. Failure to inform DepEd Regional/Central Office of any transfer of office location for purposes of updating Annex E of the TCAA.
- n. Using the terms "DepEd" or "public school teacher" in promotions or in any form of advertisement.
- o. Submission of billing not in accordance with the prescribed timelines.
- p. Charging and collecting interest for the remainder of the term of the loan in case of advance payment in full of the loan.
- q. Operating lending/insurance premia/mutual benefits business in a province without prior authority from DepEd.
- r. Maintaining an office that is not compliant with the requirements of the guidelines/TCAA.
- s. Non- or delayed submission of annual and semi-annual documentary requirements.
- t. Accepting Automated Teller Machine (ATM) card as collateral from DepEd employees for their loans under APDS.
- u. Inclusion in the billing statement for lending business of mutual aid system/ insurance premia deductions, or compelling any DepEd borrower to take out any type of insurance contract other than credit life insurance, as a condition to the loan agreement.
- v. Failure to submit the required documents within the period specified by the guidelines
- w. Deduction of advance payments from the loan proceeds of DepEd borrowers.
- x. Other acts or omissions similar or analogous to the above.

Serious Grounds

The Accreditation shall be revoked upon commission of grounds classified as "Serious". When the Accreditation is revoked, the Accredited Entity shall no longer be allowed to grant new business in the affected province/s under the APDS. However, collection of deductions already incorporated in the APDS as of the date of revocation shall continue up to the termination dates reflected in the pay slip. Thereafter, the APDS Code is automatically cancelled.

"Serious grounds" are acts or omissions of an accredited entity in violation of the guidelines on accreditation/re-accreditation or TCAA, which manifest fraud, bad faith, or willful misrepresentation intended to obtain undue financial gain at the expense of a DepEd employee who is a borrower, policy holder or member of accredited entities, or to undermine the effectiveness of the APDS.

Serious grounds include, but are not limited to, the following:

- a. Approval/release/billing of loans/insurance premium/membership dues or contributions without requisite approval by DepEd Verifier.
- b. Making false representation to the DepEd employee regarding the terms and conditions of the loan/insurance premium/membership dues or contributions.
- c. Acceptance of blank Authority to Deduct (ATD), Promissory Note (PN), Disclosure Statement, signed by the concerned DepEd borrowers.
- d. Submission of false/fraudulent documents.
- e. Inclusion of deductions not indicated in Annexes D1 – D3 (sample loan computation)

- f. Computation of interest and non-interest rates on Loan not in accordance with the guidelines and the Effective interest Rate exceeds the specified ceiling.
- g. Billing of loans not yet granted, renewed or released to DepEd borrowers.
- h. Entering into automatic payroll deduction agreements with fiscally autonomous DepEd schools.
- i. Transfer, reassignment, and sale of deduction code.
- j. "Piggy-backing" (Accredited entities allowing the use of the APDS Code by non-accredited entities).
- k. Making malicious or defamatory imputation, **threat and physical injury** against DepEd officials and/or personnel in relation to the implementation of the APDS.
- l. The Certificate of Registration/Authority of the entity is cancelled or terminated by the IC, SEC, BSP or CDA,
- m. Non-disclosure of the revocation or suspension of the Certificate of Registration/Authority by the concerned government regulatory bodies.
- n. Repeated suspensions based on simple grounds, indicating refusal to comply with, or wanton disregard for, APDS guidelines.
- o. Other acts or omissions constituting fraud, bad faith, or willful misrepresentation intended to obtain undue financial gain at the expense of a DepEd employee who is a borrower, policy holder or member of accredited entities, or to undermine the effectiveness of the APDS.